



## **Frequently Asked Questions**

### **HIP Waiting List for Childless Adults**

#### **Why has the State of Indiana implemented a waiting list for the Healthy Indiana Plan (HIP)?**

The federal government permits Indiana to cover only 34,000 non-caretaker relatives, or persons not living with a dependent child. The state is closing the program only to non-caretaker relatives because HIP enrollment projections indicate the state is nearing its cap.

#### **What about caretaker relatives or parents of dependent children?**

HIP will remain open to parents of dependent children, as long as state resources are available to support the program. There is no cap on the number of parents that can be covered under the HIP program.

#### **How does a person get on the wait list?**

The state will continue to process applications for non-caretaker relatives. If an applicant is denied solely because of program closure and all other eligibility requirements are met, they will be added to a wait list on a first come, first served basis.

#### **How will the wait list for HIP work?**

Applicants will be added to the wait list based on the date and time they are deemed eligible for the program but will be issued a denial letter due to program closure.

#### **How will I know if I am on the HIP wait list?**

Applicants will receive a denial letter indicating that they are eligible for HIP but have been denied due to program closure. The letter will advise the applicant that they have been added to the wait list and also specify that the applicant must inform DFR of any address changes to maintain their place on the wait list.

#### **When will HIP reopen to non-caretaker relatives?**

The state will actively monitor the enrollment for non caretaker relatives and may open the program if additional slots become available.

#### **How will I be notified if HIP opens to members on the wait list?**

Once slots are available, the state will notify individuals they are eligible for an open spot and that they must resubmit an application if they are still interested in participating in HIP. The applicant may call 1-877-GET-HIP9 or visit the FSSA website to get a new application. The letter will also advise the applicant that they have 45 days from the date at the top of the letter to return the application along with any necessary documents to remain eligible for consideration.

**What will happen after I resubmit my HIP application?**

If the person still meets the eligibility requirements and submits their application on time, their application will be approved.

**What if I miss the stated deadline to resubmit application for HIP?**

As will be clearly stated in the letter, if the applicant misses the 45 day deadline, they will lose the spot that became available and will be terminated from the wait list. The applicant will then need to re-apply if they would like to be placed on the wait list again.

**What do I need to do to maintain my spot on the HIP wait list if I move?**

An individual must submit a change of address to DFR as described in the wait list letter. The HIP wait list will be handled separately from other state programs, such as TANF and food stamps, so address changes made there will not translate to the HIP wait list.

**What if I am not within the first members on HIP wait list when it opens?**

After 45 days, the individuals who were contacted will be taken off the list as approved, denied, or removed from the wait list. The state will then assess the number of slots that remain and send letters accordingly to the same number of applicants on the wait list. The state will repeat the process every 90 days until all new slots have been filled.

**Can I find out my position on the HIP wait list?**

No. HIP customer service representatives will inform the individual that they will be notified by mail when a spot becomes available for them and that the wait list is arranged on a first come, first served basis.

**Are there other resources available for non-caretaker relatives?**

All applicants that are otherwise eligible for HIP, but denied due to program capacity limit are eligible to purchase the HIP product without any state subsidy. However, this plan will not be available until fall of 2009. Individuals who choose this option will be responsible for the full cost of their \$1,100 deductible as well as the premium. Premium rates, calculated on an age and sex basis, will be the same as those charged to the state for eligible HIP members.

**What if I have other questions about the HIP wait list?**

All questions will be addressed through the 1-877-GET-HIP9 phone number.